11000035581

(Re	questor's Name)	
(Ad	dress)	
. (Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number))
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
and a		

Office Use Only



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03/24/11--01004--004 **125.00

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B. KOHR MAR 2 4 2011

EXAMINER

O'NISION OF CORFORATIONS

11 MAR 24 PM 1: 52

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

			_
Electronic Lifestyle	Solutions, LLC		-
 			
KTIPF	ENQ		Art of Inc. File
UTDT-	20N.1	压了	LTD Partnership File
VERLA			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
			Vehicle Search
			Driving Record
Requested by: SETH	03/24/11	11:00	UCC 1 or 3 File
Name	Date	Time	UCC 11 Search
			UCC 11 Retrieval
Walk In	Will Dick Ho		Courier

	1
ARTICLES OF ORGANIZATION FOR FLA	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	ORIDA LIMITED LIABILITY COMPANY
Electronic Lifestyle Solutions, L	TC
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5626 Antietam Drive	5626 Antietam Drive
Sarasota, FL 34231	Sarasota, FL 34231
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the re Kevin Tippen	red Agent. You must designate an individual or another
Name 5626 Antietam Dri	ve
	ess (P.O. Box NOT acceptable)
Sarasota	34231
City, State	e, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per accept the obligations of my position as registed.	scept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Manager The name and address of each Manager	follows:	
Title:	Name and Address:	
"MGR" = Manager	THATE HIRO TROUBERS	
"MGRM" = Managing Mcmber		
MGR	Kevin Tippen	_
<u> </u>	5626 Antietam Drive	
	Sarasota, FL 34231	
MGRM	DebbieTippen	
	5626 Antietam Drive	
	Sarasota, FL 34231	
		
ARTICLE V: Effective date, if other than the dat (If an effective date is listed, the date must be sp to or 90 days after the date of filing.)	e of filing: pecific and cannot be more	than five business days prior
REQUIRED SIGNATURE:		
Songerire of a marchar for	an authorized representative	fo member
(In accordance with section 608,408 constitutes an affirmation under the I am aware that any false information	on of this document stated herein are true.	
constitutes a third degree felony as	provided for in s.817,155, F.S.)	1
••	or printed name of signee	
Filing Fees:		
\$125.00 Filing Fee for Articles of Organiza of Registered Agent	tion and Designation	
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)		